



MCH Data Brief

March 2013

Kentucky Department for Public Health, Division of Maternal & Child Health

Early Childhood Home Visitation

Early childhood home visiting programs provide voluntary, in-home services to expectant mothers and families with infants and young children. Trained home visitors, who may be nurses, social workers, early childhood education specialists, or other trained paraprofessionals, meet with families in their homes to advise them on their children's health and development.

Home visiting programs are beneficial to both children and parents. In addition to providing information on childhood health and development, these programs connect families to a broader range of community services and supports. Many studies have found that quality, evidence-based home visitation services produce measurable outcomes for children and families such as better health, greater school readiness, academic achievement, parental involvement and economic self-sufficiency, and reduced child maltreatment, injuries, and juvenile delinquency. Overall, home visiting programs provide preventative services that help to enhance the quality of life for children and families. - from *The Children's Defense Fund*

KY HANDS

HANDS (Health Access Nurturing Development Services) is Kentucky's voluntary home visitation program designed to assist overburdened expectant and first-time parents, at critical development points, prenatally through age two. It was developed as a core component of KIDS Now, Kentucky's early childhood initiative that is funded from the Master Tobacco Settlement. HANDS focuses on fostering early childhood development and learning and serves more than 10,000 families annually in all 120 counties across Kentucky. It has become one of the largest early childhood home visitation programs in the nation.

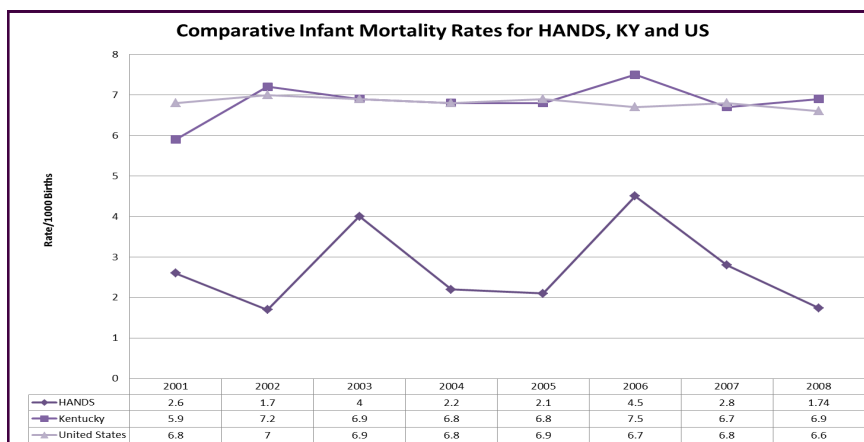
The HANDS program paraprofessional and professional visitors build relationships with the parents of these young children, and work on strengths-based skills for both the child and the parent. These protective factors build resilience and positive outcomes.

HANDS Program Goals:

- Positive pregnancy outcomes
- Optimal child growth and development
- Children live in healthy and safe homes
- Family self-sufficiency

Selected Program Results:

- ♦ Infant Mortality—74% Less Likely Than Statewide



* State and National data derived from KIDS Count and KY Department of Public Health data tables. HANDS data derived from Vital Statistics data.

* Rates per 1000 live births. HANDS mortality rate 2001-2005 calculated by REACH. HANDS mortality rate 2006 – 2007 calculated by HANDS central office.

ADDITIONAL PROGRAM OUTCOMES:

◆ Prematurity—32% Less Than Comparable Families At-Risk

Mothers who participated in at least 6 prenatal home visits were less likely to deliver a baby prematurely (before 37 weeks of gestation), as compared to HANDS-eligible women who received no prenatal HANDS visits.

◆ ER Visits— 50% Less Likely Than Statewide

Comparison of HANDS and Non-HANDS ER utilization rates (2004-2006), of 104 counties studied, HANDS recipients demonstrated lower rates of ER usage in all but two counties.

◆ Family Self-Sufficiency— HANDS Families Are Showing Progress In Education And Employment

- 2006—Increased or improved education: 21%; increased employment from 18% initially to 31% at the end of intervention.
- 2008—Increased or improved education: 26%; increased employment from 14% initially to 28% at the end of intervention.

Infant Mortality Prevention Strategies

Efforts to prevent infant mortality begin prenatally in the HANDS program with the home visitor sharing information about the importance of healthy pregnancies, growing a great baby, things to avoid to keep your baby out of harm's way and what to expect once the baby is born. These efforts continue, once the baby arrives, as home visitors provide information and educational activities that address important topics such as finding a medical home for the baby, basic care, encouraging well-child checks and immunizations, childproofing the home, car seat safety, feeding, and crying and consoling the baby. Home visitors also focus on developmental screenings, child social/emotional health, brain development, nurturing parent-child relationships, and strength-based support to families.

Affordable Care Act: HANDS Expansion

In 2010, the Kentucky Department for Public Health was designated by Governor Steve Beshear to be the state agency to apply funding through the Affordable Care Act, which amended Title V of the Social Security Act to create the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV). The grant required a state-wide needs assessment ranking all 120 KY counties according to a set of specified indicators, to identify “high risk” communities. In those communities the state proposed a plan to enhance the existing home visitation services using one of the designated evidence-based home visiting models (Healthy Families America, which HANDS is based on).

KY's MIECHV program goals include:

1. Expand HANDS to all at-risk moms, not just first time parents;
2. Build Systems of Care for home visiting in communities to promote health and well-being for all pregnant women, children and their families; and
3. Provide in-home perinatal depression treatment through local mental health agencies.

At full implementation, 78 counties will be covered with the grant expanded services (in addition to the core HANDS program, which is in every county). Funding for the MIECHV grant is scheduled to end in 2015.

